



MISSOURI DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SERVICES

**SPEC-1 FORM** (APPLICANT WITH LIMB  
IMPAIRMENT OR AMPUTATION)

**APPLICATION FOR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE  
TO OPERATE INTRASTATE COMMERCIAL MOTOR VEHICLES**

**MAIL COMPLETED FORM TO:**

ATTN: MEDICAL EXEMPTION PROGRAM  
MOTOR CARRIER SERVICES  
P.O. BOX 893  
JEFFERSON CITY, MO 65102-0893

IF ASSISTANCE NEEDED, CALL:  
573-522-9001 OR Toll Free at 1-866-831-6277  
FAX 573-751-4354

**SECTION 1. INDIVIDUAL OR JOINT APPLICATION**

☐ **←CHECK THIS BOX IF INDIVIDUAL DRIVER APPLICATION.**  
SECTIONS 1 TO 8 OF APPLICATION MUST BE COMPLETED.

☐ **←CHECK THIS BOX IF JOINT APPLICATION, BY DRIVER-APPLICANT WITH CO-APPLICANT  
MOTOR CARRIER. ALL 9 SECTIONS OF APPLICATION MUST BE COMPLETED, AS INDICATED.**

**SECTION 2. IDENTIFICATION OF DRIVER-APPLICANT**

(Note: If joint application, please identify the co-applicant motor carrier below in Section 9).

|   |  |  |  |                   |                 |
|---|--|--|--|-------------------|-----------------|
| DRIVER-APPLICANT'S FULL NAME  |  |  | MAIDEN/FORMER NAME(S)  |                   |                 |
| RESIDENCE ADDRESS   |  |  | GENDER (Please check one box)<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                   |                 |
| CITY  |  | STATE                                    | ZIP  |                   | DATE OF BIRTH   |
| (AREA CODE) HOME TELEPHONE #<br>( )   |  | (AREA CODE) WORK PHONE # (If Any)<br>( ) |  | SOCIAL SECURITY # |                 |
| DRIVER'S LICENSE #  |  | STATE WHICH ISSUED                       | DATE ISSUED  |                   | EXPIRATION DATE |
| <input type="checkbox"/> DRIVER-APPLICANT MUST ATTACH COPY OF HIS/HER CURRENT MOTOR VEHICLE DRIVER'S LICENSE, SHOWING APPLICABLE CLASSIFICATION CODE(S).<br><input type="checkbox"/> <b>←CHECK BOX TO CONFIRM THAT A COPY OF DRIVER-APPLICANT'S CURRENT DRIVER'S LICENSE IS ATTACHED.</b> |  |  |  |                   |                 |
| DESCRIPTION OF DRIVER-APPLICANT'S LIMB IMPAIRMENT OR AMPUTATION   |  |  |  |                   |                 |
| DESCRIPTION OF PROSTHESES WORN BY DRIVER-APPLICANT (If Any)   |  |  |  |                   |                 |
| <input type="checkbox"/> APPLICANT MUST ATTACH PHOTOGRAPHS OF EACH IMPAIRED LIMB AND/OR STUMP, INCLUDING WITH AND WITHOUT ANY PROSTHESES ATTACHED.<br><input type="checkbox"/> <b>←CHECK BOX TO CONFIRM THAT PHOTOGRAPHS ARE ATTACHED.</b>  |  |  |  |                   |                 |

**SECTION 3. DRIVER-APPLICANT'S CURRENT EMPLOYMENT**

(Complete this section whether Individual Driver Application, or Joint Application with Co-Applicant Motor Carrier.)

|   |  |  |                                |
|---|--|--|--------------------------------|
| <input type="checkbox"/> <b>←CHECK BOX IF APPLICANT IS NOT CURRENTLY EMPLOYED (SKIP NEXT TWO ROWS).</b> | <input type="checkbox"/> <b>←CHECK BOX IF APPLICANT IS EMPLOYED, BUT NOT BY A MOTOR CARRIER.</b> | <input type="checkbox"/> <b>←CHECK BOX IF APPLICANT IS EMPLOYED BY A MOTOR CARRIER, AND INSERT CARRIER'S USDOT No. →</b> | USDOT#                         |
| CURRENT EMPLOYER'S NAME   |  | ADDRESS  |                                |
| CITY  | STATE  | ZIP  | (AREA CODE) TELEPHONE #<br>( ) |

**SECTION 4. TYPE OF OPERATION DRIVER-APPLICANT WILL BE EMPLOYED TO PERFORM**

|   |   |
|---|---|
| STATES WHERE APPLICANT HAS OPERATED COMMERCIAL MOTOR VEHICLES   | TYPES OF CARGO TO BE TRANSPORTED  |
| EXPECTED AVERAGE DRIVING TIME AND ON-DUTY TIME, PER DAY   | TYPE OF DRIVER OPERATION (SLEEPER TEAM, RELAY, OWNER-OPERATOR, ETC.)      |
| NUMBER OF YEARS' EXPERIENCE DRIVING<br>TYPE OF VEHICLE(S) DESCRIBED IN APPLICATION  | TOTAL YEARS' EXPERIENCE DRIVING ALL<br>TYPES OF COMMERCIAL MOTOR VEHICLES |
| <input type="checkbox"/> APPLICANT MUST ATTACH COPY OF HIS/HER <b>APPLICATION FOR EMPLOYMENT</b> , WHICH HAS BEEN COMPLETED PURSUANT TO 49 CFR 391.21.<br><input type="checkbox"/> <b>←CHECK BOX TO CONFIRM THAT COMPLETED APPLICATION FOR EMPLOYMENT IS ATTACHED.</b>  |   |
| <input type="checkbox"/> APPLICANT MUST ATTACH A <b>CERTIFIED COPY OF HIS/HER STATE MOTOR VEHICLE DRIVING RECORD</b> , FROM THE STATE OF HIS/HER RESIDENCE.<br><input type="checkbox"/> <b>←CHECK BOX TO CONFIRM THAT APPLICANT'S DRIVING RECORD IS ATTACHED.</b>   |   |
| <input type="checkbox"/> APPLICANT MUST ATTACH A COPY OF HIS/HER <b>CERTIFICATE OF DRIVER'S ROAD TEST</b> , OR EQUIVALENT CDL, AS PROVIDED IN 49 CFR 391.31 OR 391.33.<br><input type="checkbox"/> <b>←CHECK BOX TO CONFIRM THAT THE CERTIFICATE OF DRIVER'S ROAD TEST (OR CDL IF DEEMED EQUIVALENT UNDER 49 CFR 391.33) IS ATTACHED.</b> |   |

**SECTION 5. DESCRIPTION OF VEHICLE DRIVER-APPLICANT SEEKS TO DRIVE**

|   |        |  |  |
|---|--------|--|--|
| VEHICLE TYPE: (Truck, Truck-Tractor, Bus, Limo, Etc.)                         |        | PASSENGER SEATING CAPACITY, INCLUDING DRIVER:                    |  |
| MAKE:   | MODEL: | YEAR:  |  |
| TRANSMISSION TYPE: (Automatic, Manual)  |        | NO. OF FORWARD SPEEDS:   |  |
| IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE NUMBER OF FORWARD SPEEDS:   |        | REAR AXLE SPEED: (E.G. Single Speed, 2-Speed, 3-Speed)           |  |
| TYPE OF BRAKE SYSTEM:   |        |  |  |
| STEERING: (Manual or Power Assisted)  |        | NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: |  |
| DESCRIPTION OF TRAILERS: (Van, Flatbed, Cargo tank, Lowboy, Pole, Dump, etc.) |        |  |  |
| DESCRIPTION OF VEHICLE MODIFICATIONS:<br>(Currently installed on vehicles)    |        |  |  |

**SECTION 6. DRIVER-APPLICANT'S REQUIRED MEDICAL DOCUMENTATION**

|   |   |
|---|---|
| A <input type="checkbox"/>                                    | APPLICANT MUST ATTACH A COPY OF THE <b>MEDICAL EXAMINATION REPORT</b> , AS PRESCRIBED IN 49 CFR SECTION 391.43(f), COMPLETED BY THE APPLICANT AND A LICENSED MEDICAL EXAMINER AS DEFINED IN 49 CFR SECTION 390.5.<br>←CHECK BOX TO CONFIRM THAT THE COMPLETED MEDICAL EXAMINATION REPORT IS ATTACHED.   |
| B <input type="checkbox"/>                                    | APPLICANT MUST ATTACH A COPY OF THE <b>MEDICAL EXAMINER'S CERTIFICATE</b> , AS PRESCRIBED IN 49 CFR SECTION 391.43(h), COMPLETED BY THE APPLICANT AND A LICENSED MEDICAL EXAMINER AS DEFINED IN 49 CFR SECTION 390.5.<br>←CHECK BOX TO CONFIRM THAT THE COMPLETED MEDICAL EXAMINER'S CERTIFICATE IS ATTACHED.   |
| C <input type="checkbox"/>                                    | APPLICANT MUST ATTACH A COPY OF THE <b>MEDICAL EVALUATION SUMMARY, SPEC-A FORM</b> , WHICH MUST BE COMPLETED BY APPLICANT AND A <b>BOARD-CERTIFIED PHYSIATRIST, DOCTOR OF PHYSICAL MEDICINE, OR ORTHOPEDIC SURGEON.</b> (GENERAL PRACTITIONER IS NOT ACCEPTABLE!)<br>←CHECK BOX TO CONFIRM THAT THE COMPLETED MEDICAL EXAMINATION REPORT IS ATTACHED. |
| D<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | DOES THE APPLICANT NOW HAVE OR HAS HE/SHE EVER BEEN DIAGNOSED WITH DIABETES?  |
| E<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | DOES THE APPLICANT NOW HAVE OR HAS HE/SHE EVER BEEN TREATED FOR INSULIN-TREATED DIABETES MELLITUS (ITDM)?   |

**SECTION 7. DRIVER-APPLICANT'S OTHER SPE CERTIFICATIONS, MEDICAL WAIVERS AND EXEMPTIONS**

|  |  |
|--|--|
| A <input type="checkbox"/>   | IF APPLICANT POSSESSES A CURRENTLY VALID SPE CERTIFICATE, WAIVER, OR EXEMPTION FROM ANY PHYSICAL REQUIREMENTS FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, WHETHER ISSUED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA), OR ANOTHER U.S. STATE, MoDOT MAY SUMMARILY ISSUE TO DRIVER-APPLICANT A SPE CERTIFICATE AUTHORIZING INTRASTATE OPERATION OF SIMILAR COMMERCIAL MOTOR VEHICLES WITHIN MISSOURI. APPLICANT MUST ATTACH TRUE COPIES OF ALL CURRENTLY VALID SPE CERTIFICATES, WAIVERS AND EXEMPTIONS FROM PHYSICAL REQUIREMENTS THAT HAVE BEEN ISSUED TO APPLICANT.<br>←CHECK BOX TO CONFIRM THAT COPY OF DRIVER-APPLICANT'S OTHER CURRENT SPE CERTIFICATES WAIVERS AND EXEMPTIONS ARE ATTACHED. |
| APPLICANT MUST DISCLOSE WHETHER HE/SHE HAS EVER OBTAINED ANY SPE CERTIFICATE, WAIVER OR EXEMPTION RELATING TO ANY PHYSICAL QUALIFICATIONS FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, OR HAS HAD ANY SPE CERTIFICATE, WAIVER, EXEMPTION, OR APPLICATION THEREFOR DENIED, DISMISSED, SUSPENDED, REVOKED OR WITHDRAWN, EITHER BY FMCSA, OR BY ANY STATE OR PROVINCE. |  |
| B <input type="checkbox"/>   | ←CHECK THIS BOX IF DRIVER-APPLICANT HAS NEVER OBTAINED ANY SPE CERTIFICATE, WAIVER OR EXEMPTION RELATING TO PHYSICAL QUALIFICATIONS REQUIRED FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, AND HAS NEVER HAD ANY SPE CERTIFICATE, WAIVER, EXEMPTION, OR APPLICATION THEREFOR DENIED, DISMISSED, SUSPENDED, REVOKED OR WITHDRAWN, EITHER BY FMCSA, OR BY ANY STATE OR PROVINCE.   |
| C <input type="checkbox"/>   | IF DRIVER-APPLICANT HAS PREVIOUSLY OBTAINED, OR NOW POSSESSES, ANY SPE CERTIFICATE, WAIVER OR EXEMPTION FROM ANY PHYSICAL QUALIFICATION REQUIRED FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, HE/SHE MUST ATTACH COPIES OF ALL THOSE SPE CERTIFICATES, AND DOCUMENTATION OF ALL THOSE WAIVERS AND EXEMPTIONS TO THIS APPLICATION.<br>←CHECK BOX TO CONFIRM THAT DRIVER-APPLICANT HAS ATTACHED COPIES OF ALL OTHER SPE CERTIFICATES, WAIVERS AND EXEMPTIONS.   |

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

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IF DRIVER-APPLICANT HAS PREVIOUSLY APPLIED FOR OR OBTAINED ANY SPE CERTIFICATE, WAIVER OR EXEMPTION FROM ANY PHYSICAL QUALIFICATION REQUIRED FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, AND HAS HAD ANY SPE CERTIFICATE, WAIVER, EXEMPTION, OR APPLICATION THEREFOR DENIED, DISMISSED, SUSPENDED, REVOKED OR WITHDRAWN, APPLICANT MUST ATTACH COPIES OF EACH FINAL NOTICE, ORDER, OR OTHER OFFICIAL DOCUMENTATION OF THE DENIAL, DISMISSAL, SUSPENSION, REVOCATION, DENIAL OR WITHDRAWAL.  
 ←CHECK BOX TO CONFIRM THAT DRIVER-APPLICANT HAS ATTACHED COPIES OF ALL DENIALS, DISMISSALS, SUSPENSIONS, REVOCATIONS AND WITHDRAWALS OF ANY OTHER SPE CERTIFICATE, WAIVER OR EXEMPTION, WHICH HE/SHE PREVIOUSLY APPLIED FOR OR OBTAINED.

## SECTION 8. DRIVER-APPLICANT'S CERTIFICATION AND VERIFICATION

I CERTIFY THAT, EXCEPT FOR THE PHYSICAL CONDITION(S) INDICATED ABOVE, I AM OTHERWISE FULLY QUALIFIED UNDER PART 391 ("QUALIFICATION OF DRIVERS") OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (TITLE 49, CODE OF FEDERAL REGULATIONS) TO DRIVE AND OPERATE COMMERCIAL MOTOR VEHICLES.

I CERTIFY THAT I HAVE DISCLOSED TO ALL MEDICAL PROFESSIONALS WHO ARE IDENTIFIED IN THIS FORM AND ALL ATTACHMENTS, THE FULL, TRUE AND CORRECT INFORMATION CONCERNING MY MEDICAL HISTORY AND MY PRESENT PHYSICAL CONDITION.

I EXPRESSLY AUTHORIZE THE MISSOURI DEPARTMENT OF TRANSPORTATION, THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION, AND THEIR AUTHORIZED PERSONNEL, TO FURTHER INVESTIGATE MY QUALIFICATIONS, AND I AUTHORIZE ALL PHYSICIANS, HOSPITALS, PHARMACIES, AND ALL OTHER HEALTH CARE PROVIDERS OR HEALTH INSURERS TO ALLOW ACCESS AND PROVIDE COPIES OF ALL OF MY PERSONAL MEDICAL RECORDS TO AUTHORIZED PERSONNEL OF THE MISSOURI DEPARTMENT OF TRANSPORTATION OR THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION FOR THESE PURPOSES.

I CERTIFY THAT IF ANY INFORMATION PROVIDED TO MODOT IN RELATION TO THIS APPLICATION, INCLUDING (BUT NOT LIMITED TO) MY ADDRESS, PHYSICAL CONDITION, DRIVING RECORD, LICENSE STATUS, OR ANY OTHER PERTINENT INFORMATION, SHALL CHANGE OR BECOME INCORRECT AFTER THIS DATE, THEN I WILL IMMEDIATELY FILE AMENDED OR SUPPLEMENTAL INFORMATION, SO THAT ALL RELEVANT INFORMATION PROVIDED TO MODOT IS KEPT CURRENT AND ACCURATE.

I UNDERSTAND THAT, IF A SPE CERTIFICATE IS ISSUED TO ME, THEREAFTER MODOT MAY SUSPEND AND REVOKE ANY SPE CERTIFICATE ISSUED TO ME IF I VIOLATE OR FAIL TO COMPLY WITH ANY APPLICABLE TRAFFIC LAWS, REGULATIONS OR ORDERS, OR ANY CONDITIONS STATED IN MY SPE CERTIFICATE, OR IF I AM INVOLVED IN ANY TRAFFIC ACCIDENT OR CRASH WHILE DRIVING ANY MOTOR VEHICLE.

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE

DATE SIGNED:

APPLICANT'S NAME (Printed)

## SECTION 9. CO-APPLICANT MOTOR CARRIER'S CERTIFICATION AND VERIFICATION

THE UNDERSIGNED CO-APPLICANT MOTOR CARRIER CERTIFIES THAT IT INTENDS TO EMPLOY THE DRIVER-APPLICANT IF HE/SHE IS GRANTED A SPE CERTIFICATE AS REQUESTED IN THIS APPLICATION, AND THAT CO-APPLICANT WILL FULFILL ALL OBLIGATIONS OF THE MOTOR CARRIER'S AGREEMENT AS REQUIRED PURSUANT TO 49 CFR 391.49(e). THESE OBLIGATIONS INCLUDE, BUT ARE NOT LIMITED TO, THE REQUIREMENT THAT CO-APPLICANT WILL FILE WITH MISSOURI MOTOR CARRIER SERVICES (ATTN: MEDICAL EXEMPTION PROGRAM) SUCH DOCUMENTS AND INFORMATION AS MAY BE REQUIRED ABOUT DRIVING ACTIVITIES, ACCIDENTS, ARRESTS, LICENSE SUSPENSIONS OR REVOCATIONS, AND CONVICTIONS, WHICH INVOLVE THE DRIVER-APPLICANT.

THE UNDERSIGNED INDIVIDUAL FURTHER DECLARES UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT, AND THAT THE SIGNATURE BELOW IS THE CO-APPLICANT'S OWN TRUE SIGNATURE, OR IS MADE ON CO-APPLICANT'S BEHALF BY A DULY-AUTHORIZED OFFICER OR AGENT OF CO-APPLICANT.

Co-APPLICANT MOTOR CARRIER'S NAME

USDOT #

(AREA CODE) TELEPHONE #  
( )

Co-APPLICANT'S ADDRESS, CITY, STATE, ZIP

SIGNATURE OF CO-APPLICANT (Or Authorized Officer Or Agent)

DATE SIGNED:

NAME OF SIGNING OFFICER OR AGENT (Printed)

TITLE OF SIGNING OFFICER OR AGENT

**NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.**

**SPEC-1 FORM (Applicant with limb impairment or amputation) (version 10-12-05)**

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